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United Nations

Commission on Population and Development

Report on the forty-fourth session (16 April 2010 and 11-15 April 2011)

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Note

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Summary

The forty-fourth session of the Commission on Population and Development was held at United Nations Headquarters on 16 April 2010 and from 11 to 15 April 2011. Its special theme was "Fertility, reproductive health and development".

The documents before the Commission included the report of the Secretary-General on fertility, reproductive health and development. In the report, it was noted that fertility had declined in almost all the countries of the world but that the timing and speed of the decline varied considerably. In 2010, 42 per cent of the world population lived in low-fertility countries, 41 per cent in intermediate-fertility countries and 17 per cent in high-fertility countries. Declining fertility had induced beneficial changes in the age distribution of the population and had ushered in a period when the number of potential workers grew faster than the number of dependants. Those changes could boost savings and countries that had used those savings to increase investment, generate jobs and improve the health and education of children had increased economic growth and improved human development. Declining fertility had accounted for about 20 per cent of per capita output growth in both developed and developing countries between 1960 and 1995 and had contributed to poverty reduction.

Currently, high fertility was related to poor development outcomes. High-fertility countries tended to have lower per capita incomes, higher levels of poverty, lower educational attainment, higher mortality and lower urbanization. In addition, high-fertility countries tended to score poorly in most outcomes related to reproductive health. Women in high-fertility countries usually married earlier than their counterparts in other countries and had high adolescent birth rates. Delaying marriage until age 18 or later and improving the educational attainment of girls and young women were measures that could delay marriage and reduce adolescent fertility. Use of contraceptives was low in high-fertility countries, with the number of users generally not surpassing 30 per cent among women who were married or in a union. In addition, lower percentages of women used modern methods of contraception and at least 15 per cent of married women in virtually all the high-fertility countries had an unmet need for contraception. Maternal mortality remained high in high-fertility countries and, as a group, these countries were unlikely to meet the goal of reducing maternal mortality by 75 per cent by 2015.

Both intermediate-fertility and low-fertility countries scored better in reproductive health indicators than high-fertility countries, yet in nine low-fertility countries modern contraceptive prevalence was below 30 per cent and in several low- and intermediate-fertility countries unmet need for family planning remained moderate.

Ensuring access to modern methods of family planning was an effective means of improving the health of mothers and infants and key to ensuring that people had the means to exercise their reproductive rights. Furthermore, by preventing unintended pregnancies, family planning could result in savings of up to $1.5 billion in the provision of health-care services to mothers and newborns.

The Commission also considered the report of the Secretary-General on the monitoring of population programmes, focusing on fertility, reproductive health and development. The report provided an overview of the programmatic work of the

United Nations Population Fund to improve reproductive health and listed some key elements in improving universal access to sexual and reproductive health. These included making sexual and reproductive health and reproductive rights national priorities; utilizing a human rights framework in developing programmes on reproductive health; strengthening health systems, including by training health-care providers; and building participatory processes and adopting a multisectoral approach to improve sexual and reproductive health. The number of adolescents and young people had reached an all-time high and it was essential to increase attention to the needs and realities of adolescents. It was important to satisfy the demand for sexual and reproductive health commodities and to ensure adequate funding for family planning as a cost-effective intervention to improve the lives of women and their children.

The Commission considered the report of the Bureau of the Commission on its intersessional meetings.

The report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development was also submitted for the Commission's consideration. Donor assistance for implementing the Programme of Action had been increasing gradually to reach $10.4 billion in 2008, surpassing the $10 billion mark for the first time. However, since then the trend had stalled and the levels of funding reached were still not sufficient to cover the estimated costs of implementing the Programme of Action and achieving the Millennium Development Goals in regard to reproductive health. The decline in funding allocated to family planning was of particular concern.

The Commission reviewed a report of the Secretary-General on the implementation of the programme of work of the Population Division of the Department of Economic and Social Affairs in 2010, and took note of the draft programme of work of the Division for the biennium 2012-2013.

The Commission heard keynote addresses by John Bongaarts, Vice-President of the Population Council; Amy Tsui, Professor at the Johns Hopkins Bloomberg School of Public Health and Director of the Bill and Melinda Gates Institute for Population and Reproductive Health; and Eunice Brookman-Amissah, Director of the Ipas Africa Alliance for Women's Reproductive Health and Rights.

In considering actions to follow up the recommendations of the International Conference on Population and Development, the Commission decided that the theme of its forty-sixth session, to be held in 2013, would be "New trends in migration: demographic aspects". In addition, in accordance with the guidance provided by the General Assembly in its resolution 65/234, the Commission decided that its forty-seventh session in 2014 would be devoted to an assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development.

The Commission also adopted a resolution on fertility, reproductive health and development, in which it reaffirmed the Programme of Action and the key actions for its further implementation, welcomed the decision of the General Assembly in its resolution 65/234 to extend both the Programme and the key actions beyond 2014 and reaffirmed its strong commitment to their full implementation and the sovereign right of each country to implement their recommendations. The Commission also

reaffirmed that gender equality could not be achieved without promoting and protecting the right of women to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health, and that expanding access to sexual and reproductive health information and health services was essential for achieving the Beijing Platform for Action, the Cairo Programme of Action and the Millennium Development Goals. The Commission urged Governments to protect and promote full respect for human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women, and stressed the need to strengthen health systems and ensure that they prioritized universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and post-natal care, in order to eliminate preventable maternal mortality and morbidity and to take action at all levels to address the interlinked root causes of sexual and reproductive ill health, unintended pregnancy, complications arising from unsafe abortion and maternal mortality and morbidity. The Commission also reiterated the need for Governments to ensure that all women, men and young people had information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning and called upon Governments to give full attention to meeting the reproductive health-care service, information and education needs of adolescents to enable them to deal in a positive and responsible way with their sexuality. The Commission emphasized the need to strengthen policy and programme linkages and coordination between HIV and AIDS and sexual and reproductive health and their inclusion in national development plans and to significantly scale up efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support.

In the resolution, the Commission also urged Member States to design and implement national cancer control plans and strategies and recognized the need to address the economic, social and psychological implications of infertility for individuals, couples and societies as a whole. It further urged Member States to enact and strictly enforce laws to ensure that marriage was entered into only with the free and full consent of the intending spouses and to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary. In addition, the Commission encouraged Governments and development partners to bring their investments in reproductive health in line with the revised cost estimates presented by the Secretary-General for each of the four programme components identified in chapter XIII of the Programme of Action of the International Conference on Population and Development.

The Commission heard a statement by the Vice-President of the Economic and Social Council on the contribution of population and development issues to the theme of the annual ministerial review in 2011: "Implementing the internationally agreed goals and commitments in regard to education". The statement was followed by an informal dialogue with members of the Commission and observer States.

The Commission approved the draft provisional agenda for its forty-fifth session and adopted the report on its forty-fourth session.

[27 April 2011]

Contents

Chapter		Page
I.	Matters calling for action by the Economic and Social Council or brought to its attention	1
	A. Draft decision	1
	B. Matters brought to the attention of the Council	2
II.	Actions in follow-up to the recommendations of the International Conference on Population and Development	14
III.	General debate on national experience in population matters: fertility, reproductive health and development	16
IV.	General debate on the further implementation of the Programme of Action of the International Conference on Population and Development in the light of its twentieth anniversary	17
V.	General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2011	18
VI.	Programme implementation and future programme of work of the Secretariat in the field of population	19
VII.	Provisional agenda for the forty-fifth session of the Commission	20
VIII.	Adoption of the report of the Commission on its forty-fourth session	21
IX.	Organization of the session	22
	A. Opening and duration of the session	22
	B. Attendance	22
	C. Election of officers	22
	D. Report of the Bureau of the Commission on its intersessional meetings	23
	E. Agenda	23
	F. Documentation	23

Chapter I

Matters calling for action by the Economic and Social Council or brought to its attention

A. Draft decision

1. The Commission recommends to the Economic and Social Council the adoption of the following draft decision:

Report of the Commission on Population and Development on its forty-fourth session and provisional agenda for its forty-fifth session*

The Economic and Social Council:

(a) Takes note of the report of the Commission on Population and Development on its forty-fourth session;[1]

(b) Approves the provisional agenda for the forty-fifth session of the Commission as set out below:

Provisional agenda

1. Election of officers.[2]
2. Adoption of the agenda and other organizational matters.

Documentation

Provisional agenda for the forty-fifth session of the Commission

Note by the Secretariat on the organization of the work of the session

Report of the Bureau of the Commission on its intersessional meetings

3. Actions in follow-up to the recommendations of the International Conference on Population and Development.

Documentation

Report of the Secretary-General on adolescents and youth

Report of the Secretary-General on the monitoring of population programmes, focusing on adolescents and youth

Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development

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* For the discussion, see chap. VII.

[1] *Official Records of the Economic and Social Council, 2011, Supplement No. 5* (E/2011/25).

[2] In accordance with its decision 2004/2, the Commission, immediately following the close of its forty-fourth session, will hold the first meeting of its forty-fifth session for the sole purpose of electing the new Chairperson and other officers of the Commission, in accordance with rule 15 of the rules of procedure of the functional commissions of the Council.

4. General debate on national experience in population matters: adolescents and youth.

5. General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2012.

6. Programme implementation and future programme of work of the Secretariat in the field of population.

Documentation

Report of the Secretary-General on programme implementation and progress of work in the field of population, 2011

Proposed strategic framework for the period 2014-2015: subprogramme 6, Population, of programme 7, Economic and Social Affairs

7. Provisional agenda for the forty-sixth session of the Commission.

Documentation

Note by the Secretariat containing the draft provisional agenda for the forty-sixth session of the Commission

8. Adoption of the report of the Commission on its forty-fifth session.

B. Matters brought to the attention of the Council

2. The following resolution and decisions adopted by the Commission are brought to the attention of the Council:

Resolution 2011/1
Fertility, reproductive health and development*

The Commission on Population and Development,

Recalling the Programme of Action of the International Conference on Population and Development[3] and the key actions for its further implementation,[4]

* For the discussion, see chap. II.

[3] *Report of the International Conference on Population and Development, Cairo, 5-13 September 1994* (United Nations publication, Sales No. E.95.XIII.18), chap. I, resolution 1, annex.

[4] See resolution S-21/2, annex; *Official Records of the General Assembly, Twenty-first Special Session, Supplement No. 3* (A/S-21/5/Rev.1); and A/S-21/PV.9.

Recalling also the United Nations Millennium Declaration[5] and the 2005 World Summit Outcome,[6] including the Millennium Development Goals and other internationally agreed development goals, and the Beijing Platform for Action,[7]

Recalling further the outcome document of the High-level Plenary Meeting of the sixty-fifth session of the General Assembly on the Millennium Development Goals, "Keeping the promise: united to achieve the Millennium Development Goals",[8]

Recalling the outcomes of the major United Nations conferences and summits in the economic, social and related fields, especially those related to global health,

Recalling also all General Assembly resolutions related to global public health, including those related to global health and foreign policy,

Recognizing that the full implementation of the Programme of Action of the International Conference on Population and Development and the key actions for its further implementation, including those related to sexual and reproductive health and reproductive rights, which would also contribute to the implementation of the Beijing Platform for Action, as well as those on population and development, education and gender equality, is integrally linked to global efforts to eradicate poverty and achieve sustainable development and that population dynamics are all-important for development,

Reaffirming that development is a central goal in itself and that sustainable development in its economic, social and environmental aspects constitutes a key element of the overarching framework of United Nations activities,

Recognizing the basic right of all couples and individuals to decide freely and responsibly the number, spacing and timing of their children and to have the information and means to do so, their right to attain the highest standard of sexual and reproductive health, and their right to make decisions concerning reproduction free of discrimination, coercion and violence, as expressed in human rights documents,

Recognizing also that all populations of the world are undergoing a historically unique transition from high levels of fertility and mortality to low levels of fertility and mortality, known as the demographic transition, which has strong effects on the age structure of populations, and cognizant of the fact that countries are at different stages of this transition, with some countries still experiencing high levels of fertility and some countries experiencing fertility that is below replacement level,

Recognizing further that in the first stage of the demographic transition, when mortality is falling, the proportion of children increases, that in the second stage, when both fertility and mortality are falling, the proportion of adults of working age increases, and that in the third stage, when fertility and mortality reach low levels, only the proportion of older persons increases,

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[5] See resolution 55/2.

[6] See resolution 60/1.

[7] *Report of the Fourth World Conference on Women, Beijing, 4-15 September 1995* (United Nations publication, Sales No. E.96.IV.13), chap. I, resolution 1, annex II.

[8] See resolution 65/1.

Recognizing that the second stage of the demographic transition presents a window of opportunity for development and that the translation of this window of opportunity into benefits for development requires national policies and an international economic environment conducive to investment, employment, sustained economic development and further integration and full participation of developing countries in the global economy,

Recognizing also the close relation between fertility and poverty eradication and the negative correlation between very high fertility levels and development indicators, and stressing that, since countries are at different stages of the demographic transition and experience different social and economic conditions, development and policy implications vary from country to country depending on their level of social and economic development,

Noting that the decline in fertility levels, reinforced by continued declines in mortality levels, is producing fundamental changes in the age structure of the population of most societies, most notably record increases in the proportion and number of elderly persons, including a growing number of very elderly persons,

Recognizing that the ultimate goal is the improvement of the quality of life of present and future generations, that the objective is to facilitate the demographic transition, as soon as possible, in countries where there is an imbalance between demographic rates and social, economic and environmental goals, while fully respecting human rights, and that this process will contribute to the stabilization of the world population and, together with changes in unsustainable patterns of production and consumption, to sustainable development and economic growth,

Noting that, owing to declining mortality levels and the persistence of high fertility levels, a large number of developing countries continue to have very large proportions of children and young people in their populations and that these young populations have health, education and employment needs to be met by families, local communities, countries and the international community,

Recognizing that the world community has a special responsibility to ensure that all children receive an education of improved quality and that they complete primary school even if it is more difficult to meet educational needs when there is rapid population growth,

Recognizing also the right of women and girls to education at all levels as well as access to life skills and sex education based on full and accurate information and, with respect to girls and boys, in a manner consistent with their evolving capacities, and with appropriate direction and guidance from parents and legal guardians, in order to help women and girls, men and boys, to develop knowledge to enable them to make informed and responsible decisions to reduce early childbearing and maternal mortality, to promote access to prenatal and post-natal care and to combat sexual harassment and gender-based violence,

Recognizing further that the availability of safer, more effective, affordable and acceptable methods of modern contraception, although still inadequate in some respects, has permitted greater opportunities for individual choice and responsible decision-making in matters of reproduction and that this ability to decide both the number and spacing of children has directly improved the immediate and long-term health of women, children and families,

Acknowledging that hundreds of millions of women and men lack access to safe, affordable, effective and acceptable forms of modern contraception and that, based on the current large unmet demand for reproductive health services, including family planning, and the expected growth in numbers of women and men of reproductive age, demand for these services will continue to grow over the next several decades, especially for the younger, poorer, less educated and rural segments of the population, who face greater barriers to access these services,

Recognizing that under-age and forced marriage and early sexual relationships have adverse psychological effects on girls and that early pregnancy and early motherhood entail complications during pregnancy and delivery and a risk of maternal mortality and morbidity that is much greater than average, and deeply concerned that early childbearing and limited access to the highest attainable standard of health, including sexual and reproductive health, including in the area of emergency obstetric care, cause high levels of obstetric fistula and maternal mortality and morbidity,

Encouraging States to create a socio-economic environment conducive to the elimination of all child marriages and other unions as a matter of urgency, to discourage early marriage and to reinforce the social responsibilities that marriage entails in their educational programmes,

Recognizing that pregnancy that occurs late in reproductive life also presents a higher risk of complications during pregnancy and delivery,

Expressing deep concern that an estimated 358,000 women died in 2008 from largely preventable complications related to pregnancy and childbirth and that maternal health remains one area constrained by some of the largest health inequities in the world,

Welcoming the Secretary-General's Global Strategy for Women's and Children's Health, undertaken by a broad coalition of partners, in support of national plans and strategies, in order to significantly reduce the number of maternal, newborn and under-five child deaths as a matter of immediate concern by scaling up a priority package of high-impact interventions and integrating efforts in sectors such as health, education, gender equality, water and sanitation, poverty reduction and nutrition, and welcoming also the various national, regional and international initiatives on all the Millennium Development Goals, including those undertaken bilaterally and through South-South cooperation, in support of national plans and strategies in sectors such as health, education, gender equality, energy, water and sanitation, poverty reduction and nutrition as a way to reduce the number of maternal, newborn and under-five child deaths,

Recalling that the Programme of Action requires for its full implementation adequate and sustained mobilization and availability of resources at the national and international levels, as well as new and additional resources for developing countries from all available funding mechanisms, including multilateral, bilateral and private sources, and that Governments are not expected to meet the goals and objectives of the Programme of Action single-handedly, and expressing concern that funding levels do not meet current needs,

Recognizing that one of the serious global challenges that has a negative impact on reproductive health and development is trafficking in persons, which requires a concerted international response through full and effective

implementation of such international mechanisms as the United Nations Convention against Transnational Organized Crime and the Protocol to Prevent, Suppress and Punish Trafficking in Persons, Especially Women and Children, supplementing that Convention, as well as the United Nations Global Plan of Action to Combat Trafficking in Persons,

Taking note of the reports of the Secretary-General on fertility, reproductive health and development[9] and on the monitoring of population programmes, focusing on fertility, reproductive health and development,[10] and taking note also of the reports of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development[11] and on world demographic trends,[12]

1. *Reaffirms* the Programme of Action of the International Conference on Population and Development[3] and the key actions for its further implementation;[4]

2. *Also reaffirms* its strong commitment to the full implementation of the Programme of Action adopted at the International Conference on Population and Development in 1994, as well as the key actions for the further implementation of the Programme of Action agreed at the five-year review of the Programme of Action, and the Copenhagen Declaration on Social Development and the Programme of Action;[13]

3. *Welcomes* the decision of the General Assembly in its resolution 65/234 of 22 December 2010 to extend the Programme of Action and the key actions for its further implementation[4] beyond 2014 and ensure its follow-up in order to fully meet its goals and objectives;

4. *Reaffirms* the sovereign right of each country to implement recommendations of the Programme of Action or other proposals in the present resolution, consistent with national laws and development priorities, with full respect for the various religious and ethical values and cultural backgrounds of its people, and in conformity with universally recognized international human rights;

5. *Also reaffirms* that gender equality cannot be achieved without promoting and protecting the right of women to enjoy the highest attainable standard of physical and mental health, including sexual and reproductive health, and reaffirms further that expanding access to sexual and reproductive health information and health services is essential for achieving the Beijing Platform for Action,[7] the Cairo Programme of Action and the Millennium Development Goals;

6. *Urges* Governments, in order to ensure the contribution of the Programme of Action of the International Conference on Population and Development to the internationally agreed development goals, including the Millennium Development Goals, to, inter alia, protect and promote full respect for human rights and fundamental freedoms regardless of age and marital status, including by eliminating all forms of discrimination against girls and women,

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[9] E/CN.9/2011/3.
[10] E/CN.9/2011/4.
[11] E/CN.9/2011/5.
[12] E/CN.9/2011/6.
[13] *Report of the World Summit for Social Development, Copenhagen, 6-12 March 1995* (United Nations publication, Sales No. E.96.IV.8), chap. I, resolution 1, annexes I and II.

working more effectively to achieve equality between women and men in all areas of family responsibility and in sexual and reproductive life, empowering women and girls, promoting and protecting the right of women and girls to education at all levels, providing young people with comprehensive education on human sexuality, on sexual and reproductive health, on gender equality and on how to deal positively and responsibly with their sexuality, enacting and enforcing laws to ensure that marriage is entered into only with the free and full consent of the intending spouses, ensuring the right of women to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health, free of coercion, discrimination and violence, combating all forms of violence against women, including harmful traditional and customary practices such as female genital mutilation, developing strategies to eliminate gender stereotypes in all spheres of life and achieving gender equality in political life and decision-making, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

7. *Stresses* that States should eliminate all forms of discrimination against the girl child and the root causes of son preference, which results in harmful and unethical practices regarding female infanticide and prenatal sex selection, increase public awareness of the value of the girl child, and concurrently, strengthen the girl child's self-image, self-esteem and status, and improve the welfare of the girl child, especially in regard to health, nutrition and education, and urges Governments to take the necessary measures to prevent infanticide, prenatal sex selection, trafficking in girl children and the use of girls in prostitution and pornography;

8. *Underlines* the central role of the global partnership for development and the importance of Goal 8 in achieving the Millennium Development Goals, and recognizes that, without substantial international support, several of the goals are likely to be missed in many developing countries by 2015;

9. *Stresses* the need to strengthen health systems so that they deliver equitable health outcomes as a basis for a comprehensive approach to achieving Millennium Development Goals 4, 5 and 6, underlining the need to build sustainable national health systems and strengthen national capacities through attention to, inter alia, service delivery, health systems financing, including appropriate budgetary allocations, the health workforce, health information systems, the procurement and distribution of medicines, vaccines and technologies, sexual and reproductive health care and political will in leadership and governance, and further stresses the need to promote the widest possible access to health-care services at the point of use, especially to those in vulnerable situations, through public policies that remove barriers to access to and use of health-care services;

10. *Encourages* Governments to prioritize universal access to sexual and reproductive health as part of health systems strengthening to eliminate preventable maternal mortality and morbidity and to take action at all levels to address the interlinked root causes of sexual and reproductive ill health, unintended pregnancy, complications arising from unsafe abortion, and maternal mortality and morbidity, including poverty, malnutrition, harmful practices, lack of accessible and appropriate health-care services, information and education, and gender inequality, taking into account people living in the most vulnerable situations, including persons with disabilities, displaced and refugee populations and irregular migrants,

and paying particular attention to achieving gender equality and eliminating all forms of violence and discrimination against women and girls, with the full involvement of men;

11. *Urges* Governments to redouble efforts to eliminate preventable maternal morbidity and mortality by ensuring that universal access to reproductive health, including family planning, is achieved by 2015; that health systems provide a continuum of antenatal and neonatal health care, including delivery assistance by skilled health workers and emergency obstetric care; that nutritional support is always available for women, and in particular during pregnancy and the breastfeeding period; and that sexual and reproductive health information and services are integrated into HIV and AIDS plans and strategies;

12. *Also urges* Governments and development partners, including through international cooperation, in order to improve maternal health, reduce maternal and child morbidity and mortality and prevent and respond to HIV and AIDS, to strengthen health systems and ensure that they prioritize universal access to sexual and reproductive information and health-care services, including family planning, prenatal care, safe delivery and post-natal care, especially breastfeeding and infant and women's health care, emergency obstetric care, prevention and appropriate treatment of infertility, quality services for the management of complications arising from abortion, reducing the recourse to abortion through expanded and improved family planning services and, in circumstances where abortion is not against the law, training and equipping health-service providers and other measures to ensure that such abortion is safe and accessible, recognizing that in no case should abortion be promoted as a method of family planning, prevention and treatment of sexually transmitted infections, including HIV, and other reproductive health conditions and information, education and counselling, as appropriate, on human sexuality, reproductive health and responsible parenthood, taking into account the particular needs of those in vulnerable situations, which would contribute to the implementation of the Programme of Action of the International Conference on Population and Development, the Beijing Platform for Action and the Millennium Development Goals;

13. *Emphasizes* the need to strengthen policy and programme linkages and coordination between HIV and AIDS and sexual and reproductive health and their inclusion in national development plans, including poverty reduction strategies and sector-wide approaches where they exist, as a necessary strategy for fighting the HIV and AIDS pandemic and mitigating its impact on population, which could result in more relevant and cost-effective interventions with greater impact;

14. *Calls upon* Governments to significantly scale up efforts to meet the goal of ensuring universal access to HIV prevention, treatment, care and support, free of discrimination and with a gender perspective, and the goal of halting and reversing the spread of HIV and AIDS by 2015, in particular by integrating HIV and AIDS interventions into programmes for primary health care, sexual and reproductive health, and maternal, neonatal and child health, including by strengthening efforts to eliminate the vertical transmission of HIV from mother to child, and by preventing and treating other sexually transmitted infections, and encouraging responsible sexual behaviour, including abstinence and fidelity, and expanded access to essential commodities, including male and female condoms and microbicides, through the adoption of measures to reduce costs and improve availability;

15. *Urges* Member States, with the appropriate technical and financial support from development partners when needed, to design and implement national cancer control plans and strategies that encompass prevention, early detection, treatment and palliation of cancers of the male and female reproductive systems, especially prostate, breast and cervical cancers, and to strengthen existing health services and health systems to increase the capacity to detect these cancers at earlier stages and allow prompt access to quality treatment;

16. *Reiterates* the need for Governments to ensure that all women and men have comprehensive information about, and access to and choice of the widest possible range of safe, effective, affordable and acceptable modern methods of family planning, including long-acting methods and male and female condoms, so that they are able to exercise free and informed reproductive choices, and stresses that Governments and development partners, through international cooperation, should ensure that family planning programmes have a sufficient and continuous supply of safe, effective, affordable and acceptable modern contraceptives;

17. *Calls upon* Governments to further strive to ensure the complete access to primary school or an equivalent level of education by both girls and boys as quickly as possible, and urges countries to extend education and training to secondary and higher school levels, and to facilitate access to and completion of education at those levels;

18. *Recognizes* the rights, duties and responsibilities of parents and other persons legally responsible for adolescents to provide, in a manner consistent with the evolving capacities of the adolescent, appropriate direction and guidance on sexual and reproductive matters, and that countries must ensure that the programmes and attitudes of health-care providers do not restrict the access of adolescents to appropriate services and the information they need, including on sexually transmitted infections and sexual abuse, and recognizes that in doing so, and in order to, inter alia, address sexual abuse, these services must safeguard the right of adolescents to privacy, confidentiality, respect and informed consent, respecting cultural values and religious beliefs, and that in this context, countries should, where appropriate, remove legal, regulatory and social barriers to reproductive health information and care for adolescents;

19. *Reiterates* the need for Governments to ensure that all women and men and young people have information about and access to the widest possible range of safe, effective, affordable and acceptable methods of family planning, including male and female condoms, and to the requisite supplies, so that they are able to exercise free and informed reproductive choices;

20. *Recognizes* that the largest generation of adolescents in history is now entering sexual and reproductive life and that their access to sexual and reproductive health information, education and care and family planning services and commodities, including male and female condoms, as well as voluntary abstinence and fidelity are essential to achieving the goals set out in Cairo 17 years ago;

21. *Calls upon* Governments, with the full involvement of young people and with the support of the international community, to give full attention to meeting the reproductive health-care service, information and education needs of adolescents, to enable them to deal in a positive and responsible way with their sexuality;

22. *Urges* Member States to enact and strictly enforce laws to ensure that marriage is entered into only with the free and full consent of the intending spouses and, in addition, to enact and strictly enforce laws concerning the minimum legal age of consent and the minimum age for marriage, and to raise the minimum age for marriage where necessary;

23. *Calls upon* Governments to incorporate gender perspectives and human rights into health-sector policies, programmes and research activities, paying attention to the specific needs and priorities of women and girls, ensuring women's right to the highest attainable standards of health and their access to affordable and adequate health-care services, including sexual, reproductive and maternal health care and lifesaving obstetric care, in accordance with the Programme of Action of the International Conference on Population and Development, and recognizes that lack of economic empowerment and independence has increased women's vulnerability to a range of negative consequences, involving the risk of contracting HIV and AIDS, malaria, tuberculosis and other poverty-related diseases;

24. *Urges* Member States, the United Nations and civil society to include in their development priorities programmes that enable men to support women's access to safe conditions for pregnancy and childbirth, contribute to family planning, prevent sexually transmitted infections and HIV and end violence against women and girls;

25. *Urges* Governments to strengthen basic infrastructure, human and technical resources and the provision of health facilities in order to improve health systems and ensure the accessibility, affordability and quality, especially in rural and remote areas, of health-care services, as well as sustainable access to safe drinking water and basic sanitation, bearing in mind the commitment to halving, by 2015, the proportion of the population without sustainable access to safe drinking water and basic sanitation as a means of fighting waterborne diseases;

26. *Encourages* Member States to adopt and implement legislation and policies to promote the reconciliation of paid work and family responsibilities through, inter alia, family-friendly and gender-sensitive work environments, the facilitation of breastfeeding for working mothers and the provision of the necessary care for working women's children and other dependants and increased flexibility in working arrangements, and to ensure that both women and men have access to maternity, paternity, parental and other forms of leave and are not discriminated against when availing themselves of such benefits;

27. *Recognizes* the need to address the economic, social and psychological implications of infertility for individuals, couples and societies as a whole, and encourages Member States and development partners, including through international cooperation and resources, to facilitate access to prevention, required know-how and technologies for more effective and affordable treatment of infertility;

28. *Also recognizes* that children often form the majority within poor households, and therefore calls upon Governments to develop and implement appropriate social protection measures to provide for the basic needs of children in poor households, especially orphans and vulnerable children;

29. *Encourages* Governments, including through technical and financial support and cooperation, to prevent and address, as a matter of priority, deaths and

complications related to pregnancy and childbirth, which are still the leading cause of death of women of reproductive age in many developing countries, recognizing that maternal mortality and morbidity have shown very little decline in the least developed countries, that the lack of safe motherhood services is still one of the world's urgent concerns and that reducing maternal mortality and morbidity saves women's lives, protects family health, alleviates poverty and improves opportunities for future generations;

30. *Recognizes* that sexual and reproductive health and reproductive rights and women's rights and empowerment deserve increased attention in humanitarian assistance and post-crisis recovery, and therefore emphasizes the need for Governments, United Nations agencies, regional and international organizations and non-governmental organizations involved in providing support to countries and regions affected by crises to address the specific needs of those affected in a comprehensive and coherent manner, in accordance with the Programme of Action of the International Conference on Population and Development;

31. *Underlines* the health and rehabilitation needs of victims of terrorism, encompassing both physical and mental health;

32. *Also underlines* its commitment to developing and implementing national strategies that promote public health in programmes or actions that respond to challenges faced by all populations affected by conflict, natural disasters and other humanitarian emergencies, and acknowledges that inequities in access to health care can increase during times of crisis and that special efforts should be made to maintain primary health-care functions during these periods, as well as to ensure that the needs of the poorest and most vulnerable are met during the post-crisis, peacebuilding and early recovery stages;

33. *Further underlines* the need of people living in situations of armed conflict and foreign occupation for a functioning public-health system, including access to health care and services;

34. *Welcomes* the adoption by the sixty-third World Health Assembly of the World Health Organization Global Code of Practice on the International Recruitment of Health Personnel[14] as a guide to respond to the concerns over the lack of and imbalanced distribution of health workers within countries and throughout the world, in particular the shortage in Africa, and the retention of health personnel, in a manner that strengthens the health systems of developing countries, countries with economies in transition and small island developing States;

35. *Calls upon* Governments, in formulating and implementing national development plans, budgets and poverty eradication strategies, to prioritize actions to address challenges relating to the impact of population dynamics on poverty and sustainable development, taking into account a differential approach to people living in the most vulnerable situations, keeping in mind that universal reproductive health-care services, commodities and supplies, as well as information, education, skill development, national capacity-building for population and development and transfer of appropriate technology and know-how to developing countries are essential for achieving the Programme of Action of the International Conference on

[14] See World Health Organization, *Sixty-third World Health Assembly, Geneva, 17-21 May 2010, Resolutions and Decisions, Annexes* (WHA63/2010/REC/1).

Population and Development, the Beijing Platform for Action and the Millennium Development Goals and can contribute to economic and social development and to poverty eradication;

36. *Encourages* Governments to ensure that adequate financial and technical resources and information necessary for the effective participation of non-governmental organizations in the research, design, implementation, monitoring and evaluation of population and development activities should, if feasible and if requested, be made available to the non-governmental sector by Governments, intergovernmental organizations and international financial institutions in a manner that will not compromise their full autonomy;

37. *Also encourages* Governments and development partners to bring their investments in reproductive health in line with the revised cost estimates presented by the Secretary-General for each of the four programme components identified in chapter XIII of the Programme of Action of the International Conference on Population and Development,[15] and calls upon Governments of both developed and developing countries to make every effort to mobilize the required resources to ensure that the health, development and human rights-related objectives of the Programme of Action are met, and urges Governments and development partners to cooperate closely to ensure that resources are used in a manner that ensures maximum effectiveness and is in full alignment with the needs and priorities of developing countries;

38. *Calls upon* the international community to assist Governments in reducing unmet needs for family planning by increasing financial resources for the implementation of the Programme of Action of the International Conference on Population and Development, especially in the area of family planning and commodities within primary health-care systems, ensuring that funding lines for family planning programmes and commodities are included in national budget formulations and that funding enables the development of quality, comprehensive and integrated reproductive health programmes;

39. *Urges* Governments to monitor their progress towards the implementation of the Programme of Action, the key actions for its further implementation and the Millennium Development Goals at the local and national levels and, in this regard, to make special efforts to strengthen their vital registration and health information systems and to develop the capacity of relevant national institutions and mechanisms to generate population data, disaggregated by sex, age and other categories, as needed to monitor the improvement of maternal health, the achievement of the target of universal access to reproductive health and progress in empowering women and achieving gender equality, and to use these data for the formulation and implementation of population and development policies;

40. *Requests* the Secretary-General to continue, within the framework of the implementation of the Programme of Action, his substantive work on fertility, reproductive health and development, including integrating a gender and age perspective and other relevant perspectives into analyses and recommendations, in collaboration and coordination with relevant United Nations agencies, funds and programmes and other relevant international organizations, and to continue assessing the progress made in achieving the goals and objectives on fertility,

[15] See E/CN.9/2011/5, chap. V.

reproductive health and development set out in the outcomes of the major United Nations conferences and summits, giving due consideration to their implications for development and poverty eradication and sustained, equitable and inclusive economic growth.

Decision 2011/101
Special themes for the Commission on Population and Development in 2013 and 2014*

The Commission on Population and Development decides that the special theme for the forty-sixth session of the Commission on Population and Development in 2013 shall be "New trends in migration: demographic aspects". In addition, in accordance with the guidance provided by the General Assembly in its resolution 65/234, the Commission decides that its forty-seventh session in 2014 will be devoted to an assessment of the status of implementation of the Programme of Action of the International Conference on Population and Development.

Decision 2011/102
Documents considered by the Commission on Population and Development at its forty-fourth session**

The Commission on Population and Development takes note of the following documents:

(a) Report of the Secretary-General on programme implementation and progress of work in the field of population in 2010: Population Division, Department of Economic and Social Affairs;[16]

(b) Note by the Secretariat on the draft programme of work of the Population Division, Department of Economic and Social Affairs, for the biennium 2012-2013.[17]

* For the discussion, see chap. II
** For the discussion, see chap. VI.
16 E/CN.9/2011/7.
17 E/CN.9/2011/CRP.1/Rev.1.

Chapter II

Actions in follow-up to the recommendations of the International Conference on Population and Development

3. The Commission held a general discussion on item 3 of its agenda, entitled "Actions in follow-up to the recommendations of the International Conference on Population and Development", at its 2nd and 3rd meetings, on 11 April 2011. It had before it the following documents:

(a) Report of the Secretary-General on fertility, reproductive health and development (E/CN.9/2011/3);

(b) Report of the Secretary-General on the monitoring of population programmes, focusing on fertility, reproductive health and development (E/CN.9/2011/4);

(c) Report of the Secretary-General on the flow of financial resources for assisting in the implementation of the Programme of Action of the International Conference on Population and Development (E/CN.9/2011/5).

4. At the 2nd meeting, on 11 April, introductory statements were made by the Chief of the Fertility and Family Planning Section of the Population Division; the Director of the Technical Support Division of the United Nations Population Fund; and the Chief of the Population and Development Branch, Technical Division, United Nations Population Fund.

5. At its 2nd and 3rd meetings, the Commission heard statements by the representatives of the Russian Federation, Hungary (on behalf of the European Union and associated countries), China, Cuba and the Islamic Republic of Iran and by the observers for Nepal (on behalf of the least developed countries), Malta, Australia and Estonia.

Keynote addresses

6. At the 2nd meeting, on 11 April, the keynote speaker, John Bongaarts, Vice-President of the Population Council, made a presentation on the theme "Fertility trends and their implications for development" and responded to questions raised by the representatives of the United States of America and Honduras and by the observers for the Gambia and Norway.

7. A representative of Red de Salud de las Mujeres Latinoamericanas y del Caribe, a non-governmental organization in consultative status with the Economic and Social Council, also took part in the discussion.

8. At the 4th meeting, on 12 April, the keynote speaker, Amy Tsui, Professor at the Johns Hopkins Bloomberg School of Public Health and Director of the Bill and Melinda Gates Institute for Population and Reproductive Health, addressed the Commission on the theme "Improving family planning services to achieve universal reproductive health" and responded to questions raised by the representatives of Indonesia, the Islamic Republic of Iran, Kenya, Malaysia, the United States of America and the Netherlands and by the observers for Norway, Denmark and the Gambia.

9. At the 6th meeting, on 13 April, the keynote speaker, Eunice Brookman-Amissah, Director of the Ipas Africa Alliance for Women's Reproductive Health and Rights, made a presentation on the theme "Addressing global reproductive health challenges" and responded to questions raised by the representative of Saint Lucia and the observers for South Africa, Norway and the Niger.

10. A representative of Centro de Investigación Social, Formación y Estudios de la Mujer, a non-governmental organization in consultative status with the Economic and Social Council, also took part in the discussion.

Action taken by the Commission

Special themes for the Commission on Population and Development in the years 2013 and 2014

11. At its 9th meeting, on 15 April, the Commission had before it a draft decision entitled "Special themes for the Commission on Population and Development in the years 2013 and 2014", submitted by the Chair on the basis of informal consultations.

12. At the same meeting, the Vice-Chair, Christophe de Bassompierre (Belgium), introduced an oral revision to the draft decision.

13. Also at the 9th meeting, the Commission adopted the draft decision, as orally revised (see chap. I, sect. B, decision 2011/101).

Fertility, reproductive health and development

14. At its 9th meeting, on 15 April, the Commission had before it the text of a draft resolution entitled "Fertility, reproductive health and development", submitted by the Chair on the basis of informal consultations, circulated in English only.

15. At the same meeting, the Commission was informed that the draft resolution had no programme budget implications.

16. Also at the 9th meeting, Christophe de Bassompierre, Vice-Chair (Belgium), introduced a number of oral revisions.

17. At the 9th meeting, the Commission adopted the draft resolution, as orally revised (see chap. I, sect. B, resolution 2011/1).

18. After the adoption of the draft resolution, statements were made by the representatives of Poland, Pakistan, Saint Lucia, Brazil, Honduras, Benin, Malawi, Guatemala and Kenya and the observers for Chile, Costa Rica, Egypt (on behalf of the Group of Arab States), Argentina, South Africa, Malta, Uruguay and Zambia.[18]

19. Also at the 9th meeting, a statement was also made by the observer for the Holy See.

[18] Available, when provided to the Secretariat, at http://www.un.org/esa/population/cpd/cpd2011/cpd44.htm.

Chapter III

General debate on national experience in population matters: fertility, reproductive health and development

20. The Commission held a general discussion on item 4 of its agenda, entitled "General debate on national experience in population matters: fertility, reproductive health and development" at its 3rd to 7th meetings, on 11 to 13 April 2011. It had before it a number of statements submitted by non-governmental organizations in consultative status with the Economic and Social Council.

21. At its 3rd meeting, on 11 April, the Commission heard statements by the representatives of Malaysia, the Russian Federation, the United States of America, Switzerland, China, Indonesia, Japan, Poland, Spain, Finland, Croatia, Malawi, Brazil and Kenya and by the observers for Ireland and Jordan.

22. At its 4th meeting, on 12 April, the Commission heard statements by the representatives of the Philippines, Bangladesh, Cuba, Pakistan, the Netherlands, Guatemala, Israel and Uganda and by the observers for Mexico, Denmark, Botswana, Portugal, Nigeria and Norway.

23. At the same meeting, a statement was made by the observer for the Holy See.

24. At its 5th meeting, on 12 April, the Commission heard statements by the representatives of India, Jamaica, Belarus, Colombia and Belgium and by the observers for Argentina, the Gambia, South Africa, Sweden and Viet Nam.

25. At the same meeting, a statement was made by the representative of the World Health Organization.

26. At its 6th meeting, on 13 April, the Commission heard statements by the representative of Ghana and by the observers for the Dominican Republic, the Czech Republic, Myanmar, Swaziland and Zambia.

27. At the same meeting, a statement was made by the observer for Partners in Population and Development. Statements were also made by the representatives of the World Bank and the International Labour Organization.

28. At the 5th, 6th and 7th meetings, on 12 and 13 April, statements were also made by representatives of the following non-governmental organizations in consultative status with the Economic and Social Council: Asian-Pacific Resource and Research Centre for Women; Family Care International; Ipas; Equidad de Género: Ciudadanía, Trabajo y Familia; International Planned Parenthood Federation; World Population Foundation; International Planned Parenthood Federation (Africa region); Red de Salud de las Mujeres Latinoamericanas y del Caribe; Advocates for Youth; Population Action International; New Zealand Family Planning Association; Católicas por el Derecho a Decidir; Global Youth Action Network; International Planned Parenthood Federation (Western Hemisphere region); Inter-European Parliamentary Forum on Population and Development; International Planned Parenthood Federation (Europe region); Action Canada for Population and Development; German Foundation for World Population; World Youth Alliance; Global Helping to Advance Women and Children; Endeavour Forum; Catholic Women's League Australia; Centro de Investigación Social, Formación y Estudios de la Mujer; International Women's Health Coalition and World Mission Foundation.

Chapter IV
General debate on the further implementation of the Programme of Action of the International Conference on Population and Development in the light of its twentieth anniversary

29. The Commission held a general discussion on item 5 of its agenda, entitled "General debate on the further implementation of the Programme of Action of the International Conference on Population and Development in the light of its twentieth anniversary" at its 7th meeting, on 13 April 2011. It had before it a number of statements submitted by non-governmental organizations in consultative status with the Economic and Social Council.

30. At the 7th meeting, introductory statements were made by the Special Envoy of the Secretary-General for HIV/AIDS in Asia and the Pacific and Secretary-General of the 1994 International Conference on Population and Development; the Under-Secretary General for Economic and Social Affairs; and the Executive Director of the United Nations Population Fund.

31. At the same meeting, the Commission heard statements by the representatives of Hungary (speaking on behalf of the European Union and associated countries), the United States of America, Indonesia, the Netherlands and China and by the observers for Egypt and Norway.

32. Also at the 7th meeting, a statement was made by the representative of the International Organization for Migration.

33. At the 7th meeting, statements were made by representatives of two non-governmental organizations in consultative status with the Economic and Social Council, International Federation of University Women and Fundación para Estudio e Investigación de la Mujer.

Chapter V

General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2011

34. The Commission considered item 6 of its agenda, entitled "General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2011", at its 8th meeting, on 14 April 2011, and heard an address by the Vice-President of the Economic and Social Council on the contribution of population and development issues to the theme of the annual ministerial review in 2011: "Implementing the internationally agreed goals and commitments in regard to education". A presentation was also made by the Chief of the Population and Development Section of the Population Division of the Department of Economic and Social Affairs.

35. Statements were made by the representatives of Hungary (on behalf of the European Union and associated countries) and then in its national capacity, the United States of America, Indonesia, Israel, Germany, Belarus and Pakistan, and by the observers for Qatar, Mauritius, Turkey and Norway.

Chapter VI

Programme implementation and future programme of work of the Secretariat in the field of population

36. .The Commission held a general discussion on item 7 of its agenda, entitled "Programme implementation and future programme of work of the Secretariat in the field of population", at its 8th meeting, on 14 April 2011. It had before it the following documents:

(a) Report of the Secretary-General on world demographic trends (E/CN.9/2011/6);

(b) Report of the Secretary-General on programme implementation and progress of work in the field of population in 2010: Population Division, Department of Economic and Social Affairs (E/CN.9/2010/7);

(c) Note by the Secretariat on the draft programme of work of the Population Division, Department of Economic and Social Affairs, for the biennium 2012-2013 (E/CN.9/2011/CRP.1/Rev.1).

37. At its 8th meeting, on 14 April, the Commission heard introductory statements by the Chief of the Population and Development Branch and a Senior Population Affairs Officer, both representing the Population Division of the Department of Economic and Social Affairs.

38. At the same meeting statements were made by the representatives of the United States of America, Israel, Cuba and China and by the observer for Norway.

39. At the same meeting, the representative of the Economic and Social Commission for Western Asia made a statement.

40. Also at the 8th meeting, the Director of the Population Division, Department of Economic and Social Affairs, responded to comments.

Action taken by the Commission

Documents considered by the Commission under agenda item 7

41. At its 9th meeting, on 15 April, upon the proposal of the Chair, the Commission took note of a number of documents submitted under agenda item 7 (see chap. I, sect. B, decision 2011/102).

Chapter VII
Provisional agenda for the forty-fifth session of the Commission

42. At its 9th meeting, on 15 April 2011, the Commission had before it the provisional agenda for the forty-fifth session of the Commission (E/CN.9/2011/L.2/Rev.1).

43. At the same meeting, the Commission adopted the provisional agenda (see chap. I, sect. A).

Chapter VIII
Adoption of the report of the Commission on its forty-fourth session

44. At the 9th meeting, on 15 April 2011, the Vice-Chair and Rapporteur, Easton Williams (Jamaica), introduced the draft report on the forty-fourth session of the Commission (E/CN.9/2011/L.3).

45. At the same meeting, the Commission adopted the draft report and authorized the Vice-Chair and Rapporteur to finalize it, in consultation with the Secretariat.

Chapter IX
Organization of the session

A. Opening and duration of the session

46. The Commission on Population and Development held its forty-fourth session at United Nations Headquarters on 16 April 2010 and from 11 to 15 April 2011. The Commission held nine meetings (1st to 9th).

47. At the 2nd meeting, on 11 April 2011, the session was opened by the Chair of the Commission, Brian Bowler (Malawi), who also made a statement.

48. At the same meeting, the Under-Secretary-General for Economic and Social Affairs and the Executive Director of the United Nations Population Fund addressed the Commission.

49. Also at the 2nd meeting, the Director of the Population Division of the Department of Economic and Social Affairs made opening remarks.

B. Attendance

50. The session was attended by 45 States members of the Commission. Observers for other States Members of the United Nations and one non-member State, representatives of organizations and other entities of the United Nations system and observers for intergovernmental and non-governmental organizations also attended. The list of participants will be available in document E/CN.9/2011/INF/1.

C. Election of officers

51. At its 1st and 2nd meetings, on 16 April 2010 and 11 April 2011, the Commission elected the following officers:

Chair

Brian Bowler (Malawi)

Vice-Chair

Christophe de Bassompierre (Belgium)
Suljuk Mustansar Tarar (Pakistan)
Easton Williams (Jamaica)
Attila Zimonyi (Hungary)

52. At its 2nd meeting, on 11 April 2011, the Commission designated Vice-Chair Easton Williams (Jamaica) to also serve as Rapporteur for the session.

53. At the same meeting, the Commission designated Christophe de Bassompierre (Belgium) to chair the informal consultations.

D. Report of the Bureau of the Commission on its intersessional meetings

54. At the 2nd meeting, the Chair introduced the report of the Bureau of the Commission on its intersessional meetings (E/CN.9/2011/2).

55. At the same meeting, the Commission took note of the report of the Bureau.

E. Agenda

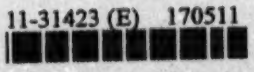
56. At its 2nd meeting, the Commission adopted the provisional agenda (E/CN.9/2011/1), which reads as follows:

1. Election of officers.
2. Adoption of the agenda and other organizational matters.
3. Actions in follow-up to the recommendations of the International Conference on Population and Development.
4. General debate on national experience in population matters: fertility, reproductive health and development.
5. General debate on the further implementation of the Programme of Action of the International Conference on Population and Development in the light of its twentieth anniversary.
6. General debate on the contribution of population and development issues to the theme of the annual ministerial review in 2011.
7. Programme implementation and future programme of work of the Secretariat in the field of population.
8. Provisional agenda for the forty-fifth session of the Commission.
9. Adoption of the report of the Commission on its forty-fourth session.

57. At the same meeting, the Commission approved the organization of work of the session (see E/CN.9/2011/L.1).

F. Documentation

58. The list of documents before the Commission at its forty-fourth session is available on the website of the Population Division (www.un.org/esa/population/cpd/cpd2011/cpd44.htm).



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